

TELECOMMUNICATIONS SERVICE REQUEST (TSR)

For Class B Residential Customers

Please Print all information.

Privacy Act Statement

Authority: 10 U.S. Code 123 Executive Order 9397 23 Nov 1943 Social Security Number. Used by appropriate authority to evaluate an applicant's and/or applicants authorized family member eligibility to be issued a telephone number in the absence of the sponsor. Use of SSN is necessary to make positive identification of individual records. This information is maintained in a secure area and is not released to a third party.

1. Last Name	First Name	Middle Initial	SSN	2. Date
3. Desired Completion Date:		4. Person to Contact: (Name, Title & Tel No.)		5. Projected PCS Date.
6. Branch of Service		7. Command		8. Rate/Pay Grade
9. Quarters/Residence Address.		10. Mailing Address for Billing		11 Work Phone Number

12. OFFICE: ☐ YOKOSUKA ☐ NEGISHI ☐ IKEGO ☐ ATSUGI ☐ KAMISEYA ☐ SASEBO

TO: DISBURSING OFFICER, PSA PACIFIC YOKOSUKA JAPAN
FM: CUSTOMER

SUBJ: THE STATEMENT FOR PERSONAL CHECKS

IF I PAY BY CHECK AND IT IS DISHONORED, I CONSENT TO IMMEDIATE COLLECTION FROM MY PAY THE AMOUNT OF THE CHECK PLUS REASONABLE BANK CHARGES, IF ANY. CUSTOMER INITIALS _____ (Required for service.)

Banking Information: Routing Transaction Number: _____ Account Number: _____

"I do not wish to provide personal banking information. I understand that this will result in the forfeiture of any overpayment of funds." Signature: _____ Date: _____

SERVICE REQUESTED	FEE	FEATURES	MONTHLY FEE	WORK DESCRIPTION
<input type="checkbox"/> CLASS B SERVICE Monthly Fee \$34.68 <input type="checkbox"/> SUSPENSION \$8.67 <input type="checkbox"/> NEW INSTALL One Time Fees \$5 <input type="checkbox"/> RELOCATE \$5 <input type="checkbox"/> REACTIVATION \$5 <input type="checkbox"/> NUMBER CHANGE \$5 <input type="checkbox"/> STATUS CHANGE \$5 <div style="margin-left: 20px;"> <input type="checkbox"/> LISTED TO UNLISTED <input type="checkbox"/> UNLISTED TO LISTED </div> <input type="checkbox"/> DISCONNECT Termination Date: _____		<input type="checkbox"/> PACKAGE 1 \$3 Call forwarding (On Base only) Call Waiting Call Transfer Three Way Conference Call Last Number Redial <input type="checkbox"/> PACKAGE 2 \$4 Includes Package 1 Plus Speed Calling One time Installation Charges \$15		
13. Final Bill Pick up Date: _____		14. Customer Initials _____		15.
16. Signature		17. Orders attached for new installs and terminations due to PCS <input type="checkbox"/>		18. Power of Attorney attached if Service member not signing <input type="checkbox"/>

Naval Computer and Telecommunications Station, Far East

(To be filled out by NCTSFE only)

19. Received By:	20. Date:	21. APPOINTMENT DATE:
22. Telephone Number:	23. BAC	24. COMPLETION DATE: